OAKBROOK HEALTH & REHABILITATION

206 WEST PROSPECT STREET

THORP	54771	Phone: (715) 669-5321		Ownership:	Corporation
Operated fr	om 1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in	Conjunction with D	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of B	eds Set Up and Sta	affed (12/31/03):	58	Title 18 (Medicare) Certified?	Yes
Total Licen	sed Bed Capacity	(12/31/03):	58	Title 19 (Medicaid) Certified?	Yes
Number of R	esidents on 12/31,	/03:	56	Average Daily Census:	57

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis		Age Groups 	ફ ફ		17.9 44.6
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	0.0	More Than 4 Years	30.4
Day Services Respite Care	No Yes	Mental Illness (Org./Psy) Mental Illness (Other)		65 <b>-</b> 74   75 <b>-</b> 84	0.0 28.6	•	92.9
Adult Day Care	Yes	Alcohol & Other Drug Abuse	1.8	85 - 94		*********	*****
Adult Day Health Care Congregate Meals	No   No	Para-, Quadra-, Hemiplegic Cancer	5.4 3.6	95 & Over	14.3	Full-Time Equivalent   Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	3.6	İ	100.0	(12/31/03)	
Other Meals Transportation	No   No	Cardiovascular Cerebrovascular		65 & Over 			11.7
Referral Service	No	Diabetes		Gender	왕	•	8.9
Other Services	No	Respiratory					
Provide Day Programming for		Other Medical Conditions		Male		Aides, & Orderlies	52.2
Mentally Ill	No		100.0	Female	73.2	 	
Provide Day Programming for Developmentally Disabled	No		100.0	   +++++++++++++++	100.0		

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્	Per Diem (\$)	No.	양	Per Diem (\$)	No.	્	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	370	45	95.7	109	0	0.0	0	8	100.0	123	0	0.0	0	0	0.0	0	54	96.4
Intermediate				2	4.3	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		47	100.0		0	0.0		8	100.0		0	0.0		0	0.0		56	100.0

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OAKBROOK HEALTH & REHABILITATION

Admissions, Discharges, and	I	Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	8.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	8.6	Bathing	0.0		75.0	25.0	56
Other Nursing Homes	17.1	Dressing	14.3		71.4	14.3	56
Acute Care Hospitals	28.6	Transferring	28.6		50.0	21.4	56
Psych. HospMR/DD Facilities	2.9	Toilet Use	25.0		51.8	23.2	56
Rehabilitation Hospitals	28.6	Eating	67.9		30.4	1.8	56
Other Locations	5.7	******	******	*****	******	******	*****
Total Number of Admissions	35	Continence		%	Special Treatmen	ts	%
Percent Discharges To:	I	Indwelling Or Exterr	nal Catheter	7.1	Receiving Resp	iratory Care	7.1
Private Home/No Home Health	13.9	Occ/Freq. Incontiner	nt of Bladder	60.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	25.0	Occ/Freq. Incontiner	nt of Bowel	23.2	Receiving Suct	ioning -	0.0
Other Nursing Homes	5.6				Receiving Osto	my Care	5.4
Acute Care Hospitals	2.8	Mobility			Receiving Tube	Feeding	1.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.6	Receiving Mech	anically Altered Diets	42.9
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	52.8	With Pressure Sores		5.4	Have Advance D	irectives	83.9
Total Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	36				Receiving Psyc	hoactive Drugs	60.7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

***********	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	૾ૢ	%	Ratio	용	Ratio	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	80.8	1.22	83.7	1.17	84.0	1.17	87.4	1.12
Current Residents from In-County	48.2	73.7	0.65	72.8	0.66	76.2	0.63	76.7	0.63
Admissions from In-County, Still Residing	17.1	19.8	0.87	22.7	0.76	22.2	0.77	19.6	0.87
Admissions/Average Daily Census	61.4	137.9	0.45	113.6	0.54	122.3	0.50	141.3	0.43
Discharges/Average Daily Census	63.2	138.0	0.46	115.9	0.55	124.3	0.51	142.5	0.44
Discharges To Private Residence/Average Daily Census	24.6	62.1	0.40	48.0	0.51	53.4	0.46	61.6	0.40
Residents Receiving Skilled Care	96.4	94.4	1.02	94.7	1.02	94.8	1.02	88.1	1.09
Residents Aged 65 and Older	100	94.8	1.05	93.1	1.07	93.5	1.07	87.8	1.14
Title 19 (Medicaid) Funded Residents	83.9	72.0	1.17	67.2	1.25	69.5	1.21	65.9	1.27
Private Pay Funded Residents	14.3	17.7	0.81	21.5	0.67	19.4	0.73	21.0	0.68
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	37.5	31.0	1.21	39.1	0.96	36.5	1.03	33.6	1.12
General Medical Service Residents	0.0	20.9	0.00	17.2	0.00	18.8	0.00	20.6	0.00
Impaired ADL (Mean)	45.4	45.3	1.00	46.1	0.98	46.9	0.97	49.4	0.92
Psychological Problems	60.7	56.0	1.09	58.7	1.04	58.4	1.04	57.4	1.06
Nursing Care Required (Mean)	7.8	7.2	1.08	6.7	1.16	7.2	1.09	7.3	1.07